Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party - State			Date of This Filing 01/28/2019	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable 810163	e)	Report No		For Official Use Only
STREET ADDRESS	·		Amendment to Report No.	Page 1 of 6	
CITY Sacramento	STATE CA	ZIP CODE 95814	(explain below) No. of Pages6		
	_				

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/25/2019	Berry Petroleum Company Denver, CO 80202-5703	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$333.33
01/25/2019	Berry Petroleum Company Denver, CO 80202-5703	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$333.33
01/25/2019	Berry Petroleum Company Denver, CO 80202-5703	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$333.34

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party - State			Date of This Filing 01/28/2019	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 810163		Report No		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 2 of 6	
CITY Sacramento		ZIP CODE 95814	No. of Pages 6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/28/2019	CA Association of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678	☐ IND ■ COM □ OTH □ PTY □ SCC		\$333.33
01/28/2019	CA Association of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 ID# 1235948	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$333.33
01/28/2019	CA Association of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 ID# 1235948	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$333.34

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party - State			Date of This Filing01/28/2019	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable 810163	9)	Report No	_	For Official Use Only
STREET ADDRESS	'		Amendment to Report No.	Page 3 of 6	
CITY Sacramento	STATE CA	ZIP CODE 95814	(explain below) No. of Pages 6	_	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/28/2019	Table Mountain Rancheria Casino & Bingo Friant, CA 93626	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$1,666.67
01/28/2019	Table Mountain Rancheria Casino & Bingo Friant, CA 93626	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$1,666.67
01/28/2019	Table Mountain Rancheria Casino & Bingo Friant, CA 93626	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$1,666.66

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party - State			Date of This Filing 01/28/2019	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 810163		Report No		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 4 of 6	
CITY Sacramento	STATE CA	ZIP CODE 95814	(explain below) No. of Pages 6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/28/2019	Western Electrical Contractors Association, Inc. PAC Sacramento, CA 95814-4439 ID# 991225	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$833.33
01/28/2019	Western Electrical Contractors Association, Inc. PAC Sacramento, CA 95814-4439 ID# 991225	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$833.33
01/28/2019	Western Electrical Contractors Association, Inc. PAC Sacramento, CA 95814-4439 ID# 991225	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$833.34

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party - State			Date of This Filing 01/28/2019	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 810163		Report No		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 5 of 6	
CITY Sacramento		ZIP CODE 95814	(explain below) No. of Pages 6		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
01/28/2019	Wine Institute CA PAC Sacramento, CA 95814-4602	☐ IND ■ COM □ OTH □ PTY □ SCC		\$833.33
01/28/2019	Wine Institute CA PAC Sacramento, CA 95814-4602 ID# 1277874	□ IND ■ COM □ OTH □ PTY □ SCC		\$833.33
01/28/2019	Wine Institute CA PAC Sacramento, CA 95814-4602 ID# 1277874	□ IND ■ COM □ OTH □ PTY □ SCC		\$833.34

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Republican Party - State AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 810163 STREET ADDRESS CITY Sacramento STATE ZIP CODE 95814			Date of This Filing		Date Stamp Page 6 of 6	CALIFORNIA FORM 497 For Official Use Only	
	ibution(s) Made		ODE OF DECIDION	CANDIDATE AND OFF OR	ICE	AMOUNT OF	DATE OF FLEOTICS!
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment: